

# W. G. MATCHETTE COMPANY

*Insurance of All Kinds*

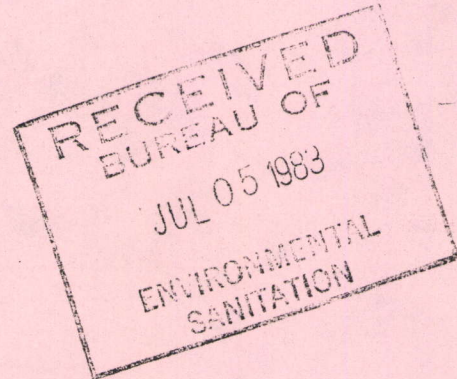
200 W. DOUGLAS • SUITE 150 • PHONE 264-3343

WICHITA, KANSAS 67202

REID Supply  
Part B

July 1, 1983

Mr. Vic Kamaith  
Kansas Department of Health & Environment  
Hazardous Waste Facility Management Section  
Forbes Field  
Topeka, Kansas 66620



RE: Reid Supply Company, Inc.-Wichita  
Liability Insurance Certificate

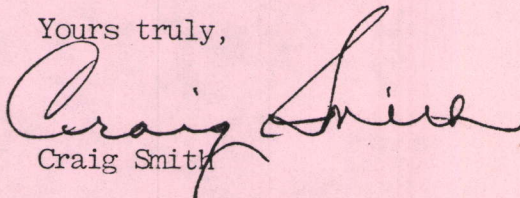
Dear Mr. Kamaith:

Please find enclosed a Revised Certificate of Insurance for the above named. The certificate that we sent you in March was returned as inadequate.

We submitted this to our company, Twin City Fire Insurance Company, and they have endorsed the policy with the Hazardous Waste Facility Liability Endorsement as attached to this revised certificate. They have advised us that this is their standard procedure for meeting EPA requirements.

Should you have any further questions in reference to this account, please contact our office.

Yours truly,

  
Craig Smith

CS/st  
Encls.

cc: Mr. David Trombold  
Reid Supply Co., Inc.  
P.O. Box 11365  
Wichita, Kansas 67202

EPA-ARWM/PMTS

FEB 08 1984

Region VII K.C., MO



*Insurance Counselors*



R00001524  
RCRA Records Center



# Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.  
THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

ADDRESS OF AGENCY  <b>W. G. MATCHETTE COMPANY</b> 200 W. Douglas, Suite 150 Wichita, Kansas 67202	COMPANIES AFFORDING COVERAGES COMPANY LETTER <b>A</b> <b>Twin City Fire Insurance Company</b> COMPANY LETTER <b>B</b> COMPANY LETTER <b>C</b> COMPANY LETTER <b>D</b> COMPANY LETTER <b>E</b>
NAME AND ADDRESS OF INSURED  <b>REID SUPPLY COMPANY, INC.</b> 911 E. Indianapolis P.O. Box 11365 Wichita, Kansas 67202	

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

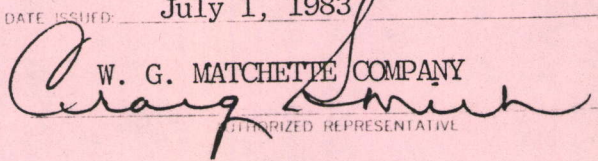
COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES—OPERATIONS <input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> UNDERGROUND HAZARD <input type="checkbox"/> PRODUCTS-COMPLETED OPERATIONS HAZARD <input type="checkbox"/> CONTRACTUAL INSURANCE <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> PERSONAL INJURY			BODILY INJURY PROPERTY DAMAGE  BODILY INJURY AND PROPERTY DAMAGE COMBINED  PERSONAL INJURY	\$ \$  \$  \$	\$ \$  \$  \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED			BODILY INJURY (EACH PERSON) BODILY INJURY (EACH ACCIDENT) PROPERTY DAMAGE BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ \$ \$ \$	
<b>A</b>	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	<b>TXU 107609</b>	<b>3-23-84</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED  STATUTORY	\$  2,000  \$	\$  2,000  EACH ACCIDENT
	<b>WORKERS' COMPENSATION and EMPLOYERS' LIABILITY</b>  <b>OTHER</b>					

Attached Hazardous Waste Facility Liability Endorsement applies under the above policy.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES  
 Cancellation of the insurance, whether by the insurer or the insured will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

~~Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail \_\_\_\_\_ days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.~~

NAME AND ADDRESS OF CERTIFICATE HOLDER:  
**Kansas Department of Health & Environment**  
**Hazardous Waste Facility Mgmt. Section**  
**Forbes Field**  
**Topeka, Kansas 66620**  
**Attn: Vic Kamaith**

DATE ISSUED: **July 1, 1983**  
  
**W. G. MATCHETTE COMPANY**  
 AUTHORIZED REPRESENTATIVE



INSURED: REID SUPPLY CO., INC.

POLICY #: TXU 107609

EFFECTIVE: 3-23-83/84

HAZARDOUS WASTE FACILITY LIABILITY ENDORSEMENT

THIS ENDORSEMENT CERTIFIES THAT THE POLICY TO WHICH THE ENDORSEMENT IS ATTACHED PROVIDES POLLUTION LIABILITY INSURANCE COVERING BODILY INJURY AND PROPERTY DAMAGE IN CONNECTION WITH THE INSURED'S OBLIGATION TO DEMONSTRATE FINANCIAL RESPONSIBILITY UNDER 40CFR 264.147 or 265.147. THE COVERAGE APPLIES AT EPA IDENTIFICATION NUMBER.

FOR SUDDEN ACCIDENTAL OCCURRENCES.

THE LIMIT OF LIABILITY IS \$2,000,000 EACH OCCURRENCE AND ANNUAL AGGREGATE. THIS IS EXCESS OF \$500,000 BODILY INJURY AND \$250,000 PROPERTY DAMAGE LIABILITY (ANNUAL AGGREGATE) WRITTEN BY AETNA CASUALTY AND SURETY COMPANY.

EXCLUSIVE OF LEGAL DEFENSE COSTS.





## The Reid Supply Company

911 E. Indianapolis  
Wichita, Kansas 67211  
267-1231  
(AC 316)

950 Liberty  
Kansas City, Missouri 64101  
842-4440  
(AC 816)

March 25, 1983

U.S. Environmental Protection  
Agency - Region VII  
324 East Eleventh Street  
Kansas City, MO 64106  
Attn: Karen Flournoy

Reply to Wichita office

Dear Region VII Administrator:

Enclosed are six copies of Reid Supply's RCRA Part B application and our certificate of insurance for liability.

These are provided as requested, by March 27, 1983.

Yours Truly,

David G. Trombold  
Hazardous Waste  
Coordinator

Enc.

EPA-ARWM/PMTS

MAR 30 1983

Region VII K.C., MO



acord

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THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES Cancellation of the insurance, whether by the insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

Cancellation: ~~Standard contract cancellation provisions apply. The contract shall be terminated if the contractor fails to perform the work within the time specified in the contract. The contractor shall be liable for the cost of the work performed up to the date of termination. The contractor shall be liable for the cost of the work performed up to the date of termination.~~

See Above ~~any will endeavor to mail \_\_\_\_\_ days written notice to the below named parties to be held full and complete notice of termination of this contract. The contractor shall be liable for the cost of the work performed up to the date of termination.~~

NAME AND ADDRESS OF CERTIFICATE HOLDER:

EPA  
Region 7 Director  
Kansas City, Missouri

DATE ISSUED: March 23, 1983

W. G. MATCHETTE COMPANY  
Craig Smith  
AUTHORIZED REPRESENTATIVE



# Certificate of Insurance

**acord**

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NAME AND ADDRESS OF AGENCY

W. G. MATCHETTE COMPANY  
200 W. Douglas, Suite 150  
Wichita, Kansas 67202

## COMPANIES AFFORDING COVERAGES

COMPANY LETTER **A** Twin City Fire Insurance Company

COMPANY LETTER **B** AETNA CASUALTY & SURETY COMPANY

COMPANY LETTER **C** C & HAM

COMPANY LETTER **D** D & H IV noigaz

COMPANY LETTER **E**

NAME AND ADDRESS OF INSURED

REID SUPPLY COMPANY, INC.  
911 E. Indianapolis, P.O. Box 11365  
Wichita, Kansas 67202

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
B	<b>GENERAL LIABILITY</b>	30 SM 116626 FCA	10-10-83	BODILY INJURY	\$ 500,	\$ 500,
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM			PROPERTY DAMAGE	\$ 250,	\$ 250,
	<input checked="" type="checkbox"/> PREMISES—OPERATIONS EXPLOSION AND COLLAPSE HAZARD			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<input checked="" type="checkbox"/> UNDERGROUND HAZARD			PERSONAL INJURY		\$ 500,
	<input checked="" type="checkbox"/> PRODUCTS COMPLETED OPERATIONS HAZARD					
	<input checked="" type="checkbox"/> CONTRACTUAL INSURANCE					
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE			BODILY INJURY (EACH PERSON)	\$	
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS			BODILY INJURY (EACH ACCIDENT)	\$	
	<input checked="" type="checkbox"/> PERSONAL INJURY			PROPERTY DAMAGE	\$	
	<input type="checkbox"/> COMPREHENSIVE FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	<input type="checkbox"/> OWNED					
A	<input type="checkbox"/> HIRED	TXU 107609	3-23-84	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 2,000,	\$ 2,000,
	<input type="checkbox"/> NON-OWNED					
	<b>EXCESS LIABILITY</b>			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 2,000,	\$ 2,000,
	<input checked="" type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	<b>WORKERS' COMPENSATION and EMPLOYERS' LIABILITY</b>			STATUTORY		
					\$	(EACH ACCIDENT)
	<b>OTHER</b>					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES Cancellation of the insurance, whether by the insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

**Cancellation:** Should any of the above described policies be cancelled before the expiration date of the policy, the company will endeavor to mail \_\_\_\_\_ days written notice to the below named certificate holder and deliver a copy of such notice to the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

NAME AND ADDRESS OF CERTIFICATE HOLDER

EPA  
Region 7 Director  
Kansas City, Missouri

DATE ISSUED: March 23, 1983

W. G. MATCHETTE COMPANY

AUTHORIZED REPRESENTATIVE



# UNION NATIONAL BANK

WICHITA, KANSAS

## IRREVOCABLE LETTER OF CREDIT

U.S. Environmental Protection Agency  
Region VII -325 East Eleventh  
Kansas City, MO 64101

May 1, 19 83

Atten: Karen Flournoy

ALL DRAFTS DRAWN MUST BE MARKED:  
DRAWN UNDER U. N. B. CREDIT NO. 83-05

GENTLEMEN:

WE HEREBY ESTABLISH OUR IRREVOCABLE LETTER OF CREDIT IN YOUR FAVOR FOR  
ACCOUNT OF The Reid Supply Company, 911 East Indianapolis, Wichita, KS 67211  
UP TO THE AGGREGATE AMOUNT OF NINE THOUSAND THREE HUNDRED THIRTY FOUR AND 50/100.  
(\$9,334.50)  
AVAILABLE BY YOUR DRAFTS DRAWN AT SIGHT ON Union National Bank of  
Wichita

BELOW COVERING ~~WHICH EXCEEDS THE VALUE OF THE MERCHANDISE TO BE DESCRIBED IN INVOICE AS~~

Closing expense should The Reid Supply Company discontinue operations  
as an authorized storage disposal waste facility.

### DOCUMENTS REQUIRED:

Certified statement from U.S. Environmental Protection Agency that  
default in permit has occurred regarding closure of storage disposal  
waste facility.

NOTIFY:

Walter Trombold, President of The Reid Supply, Wichita Kansas and  
M.E. McMillan, Vice President of Union National Bank, Wichita, Kansas

DRAFTS DRAWN UNDER THIS LETTER OF CREDIT MUST BE DRAWN AND NEGOTIATED NOT LATER THAN  
5-1-84

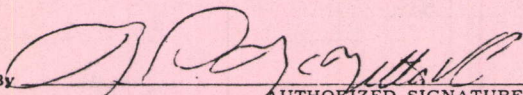
THE AMOUNT OF ANY DRAFT DRAWN UNDER THIS CREDIT MUST, CONCURRENTLY WITH NEGOTIATION, BE ENDORSED  
ON THE REVERSE SIDE HEREOF, AND THE PRESENTMENT OF ANY SUCH DRAFT SHALL BE A WARRANTY BY THE NEGOTIATING  
BANK THAT SUCH ENDORSEMENT HAS BEEN MADE AND THAT DOCUMENTS HAVE BEEN FORWARDED AS HEREIN REQUIRED.

EXCEPT SO FAR AS OTHERWISE EXPRESSLY STATED HEREIN, THIS CREDIT IS SUBJECT TO THE "UNIFORM CUSTOMS  
AND PRACTICE FOR DOCUMENTARY CREDITS, 1974 REVISION, INTERNATIONAL CHAMBER OF COMMERCE BROCHURE NO. 290."

WE HEREBY AGREE WITH THE DRAWERS, ENDORSERS AND BONA FIDE HOLDERS OF DRAFTS DRAWN UNDER AND IN  
COMPLIANCE WITH THE TERMS OF THIS CREDIT THAT THE SAME SHALL BE DULY HONORED ON DUE PRESENTATION AND  
DELIVERY TO DRAWEE OF DOCUMENTS AS SPECIFIED.

Yours Very Truly,

UNION NATIONAL BANK  
WICHITA, KANSAS

By   
M.E. McMillan, Vice President

By   
Marjorie Herwig, Asst. Vice President



**UNION NATIONAL BANK**  
**WICHITA, KANSAS**  
**IRREVOCABLE LETTER OF CREDIT**

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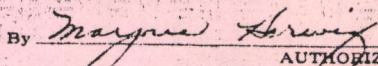
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Yours Very Truly,

**UNION NATIONAL BANK**  
**WICHITA, KANSAS**

By   
 AUTHORIZED SIGNATURE  
 M.E. McMillan, Vice President

By   
 AUTHORIZED SIGNATURE  
 Marjorie Herwig, Asst. Vice President



# UNION NATIONAL BANK

## WICHITA, KANSAS

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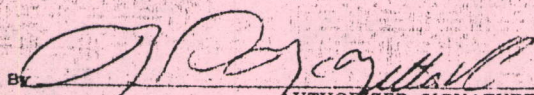
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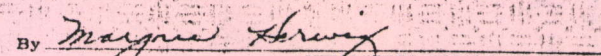
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Yours Very Truly,

UNION NATIONAL BANK  
WICHITA, KANSAS

By   
M.E. McMillan, Vice President

By   
Marjorie Herwig, Asst. Vice President



# UNION NATIONAL BANK

## WICHITA, KANSAS

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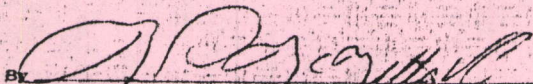
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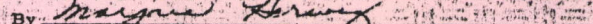
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WICHITA, KANSAS

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